

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 3 — 0 8

2. STATE:

Maryland

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID) Medicaid

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

NOVEMBER 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

See Attached

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ 0
b. FFY 2004 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1A, Supplement 3
Page 11d

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same

10. SUBJECT OF AMENDMENT:

This amendment is needed to allow Program of All-Inclusive Care
(PACE) enrollees living in assisted living to use the same post-eligibility rules
that are used for the "Older Adults Waiver" in the State of Maryland.

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Susan J. Tucker, Executive Director
Office of Health Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Arlene H. Stephenson

13. TYPED NAME:

Arlene H. Stephenson

14. TITLE:

Acting Secretary

15. DATE SUBMITTED:

December 26, 2002

16. RETURN TO:

Susan J. Tucker, Executive Director
OHS - DHMH
201 West Preston Street, Suite 124
Baltimore, Maryland 21201

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

DECEMBER 27, 2002

18. DATE APPROVED:

JAN 27 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

NOVEMBER 1, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

Mary T. McSorley

21. TYPED NAME:

MARY T. MCSORLEY

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
DIVISION OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

FEDERAL REGULATION CITATIONS:

Attachment 2.2 A	42 CFR 435.10
Attachment 2.6 A	42 CFR Part 435, Section 435.10 and Subparts G & H AT-78-90, AT-80-6, AT-80-34 1902(1) and (n) of the Act, P.L. 99-509 (Secs. 9401 and 9402), 1902(1) and (n) and 1920 of the Act, P.L. 99-509 (Secs. 9401, 9402, and 9407)
Attachment 3.1 A	Part 400, Subpart B and 1902(e)(5), 1905(a)(13) through (20), and 1920 of the Act, P.L. 99-272 (sections 9501, 9505 and 9526) and 1902(a), 1902(a)(47), 1902(e)(7) through (9), and 1920 of the Act, P.L. 99-509 (sections 9401(d), 9403, 9406 through 9408) and P.L. 99-514 (section 1895(c)(3))
Attachment 3.1 B	42 CFR Part 440, Subpart B, 42 CFR 441.15, AT-78-90, AT-80-34
Attachment 3.1 C	42 CFR 431.53, AT-78-90
Attachment 3.1 F	1905(a)(24) and 1930 of the Act, P.L. 101-508 (Section 4712 OBRA 90)
Attachment 4.18 A	447.51 through 447.58
Attachment 4.18 C	447.51 through 447.53
Attachment 4.19 A & B	(a) 42 CFR 447.252, 46 FR 44964, 48 FR 56046, 50 FR 23009, 1902(e)(7) of the Act, P.L. 99-509 (section 9401(d)) (b) 42 CFR 447.201, 42 CFR 447.302, AT-78-90, AT-80-34, 1903(a)(1) and (n) and 1920 of the Act, P.L. 99-509 (Section 9403, 9406 and 9407), 52 FR 28648
Attachment 4.16	42 CFR 431.615(c) AT-78-90
Attachment 4.19 D	(d) 42 CFR 447.252, 47 FR 47954, 48 FR 56046, 42 CFR 447.280, 47 FR 31513, 52 FR 28141
Attachment 4.22 A	(a) 433.137(a), 50 FR 46652, 55 FR 1423
Attachment 4.22 B	(b) 433.138(f), 52 FR 5967, 433.138(g)(1)(ii) and (2)(ii), 52 FR 5967, 433.138(g)(3)(i) and (iii), 52 FR 5967, 433.138(h)(4)(i) through (iii), 52 FR 5967
Attachment 4.22 C	Section 1906 of the Act
Attachment 4.26	1927(g) 42 CFR 456.700, 1927(g)(1)(A), 1927(g)(1)(a) 42 CFR 456.705(b) and 456.709(b), 1927(g)(1)(B) 42 CFR 456.703(d) and (E), 1927(g)(1)(D) 42 CFR 456.703(b), 1927(g)(2)(A) 42 CFR 456.705(b), 1927(g)(2)(A)(i) 42 CFR 456.705(b), 1927(g)(2)(A)(i) 42 CFR 456.705(b), (1)-(7), 1927(g)(2)(A)(iii) 42 CFR 456.705(c) and (d), 1927(g)(2)(B) 42 CFR 456.709(a), 1927(g)(2)(C) 42 CFR 456.709(b), 1927(g)(2)(D) 42 CFR 456.711, 1927(g)(3)(A) 42 CFR 456.716(a), 1927(g)(3)(B) 42 CFR 456.716 (A) and (B), 1927(g)(3)(C) 42 CFR 456.716(d) 1927(g)(3)(C) 42 CFR 456.711 (a)-(d), 1927(g)(3)(D) 42 CFR 456.712 (A) and (B), 1927(h)(1) 42 CFR 456.722, 1927(g)(2)(A)(i) 42 CFR 456.705(b), 1927(j)(2) 42 CFR 456.703(c)
Attachment 4.32 A	(a) 435.940 through 435.960, 52 FR 5967
Attachment 4.33 A	(a) 1902(a)(48) of the Act, P.L. 99-570 (Section 11005), P.L. 100-93 (Section 5(a)(3))
Attachment 4.35 A	(a) 1919(h)(1) and (2) of the Act, P.L. 100-263 (Section 4212(a))
Attachment 4.35 B	(b) Same as above

the cost of PACE services if it determines the individual's eligibility under section 1924 of the Act. There shall be deducted from the individual's monthly income a personal needs allowance (as specified below), and a community spouse's allowance, a family allowance, and an amount for incurred expenses for medical or remedial care, as specified in the State Medicaid plan.

(a.) Allowances for the needs of the:

1. Individual (check one)

A). ☐ The following standard included under the State plan (check one):

1. ☐ SSI
2. ☐ Medically Needy
3. ☐ The special income level for the institutionalized
4. ☐ Percent of the Federal Poverty Level: _____%
5. ☐ Other (specify): _____

(B). ☐ The following dollar amount: \$ _____

Note: If this amount changes, this item will be revised.

(C) ☒ The following formula is used to determine the needs

allowance:

300% of SSI for PACE enrollees living at home. For PACE enrollees living in assisted living, \$60 for personal needs and \$420 to pay the facility for room and board

If this amount is different than the amount used for the individual's maintenance allowance under 42 CFR 435.726 or 42 CFR 435.735, explain why you believe that this amount is reasonable to meet the individual's maintenance needs in the community:

We believe that individuals who are maintaining a community residence on an income at or below 300% of SSI require all of their income to meet routine household and personal expenses. For PACE enrollees living in assisted living the same post-eligibility rules are used as for the Older Adults Waiver, with the enrollee expected to pay for room and board and towards the cost of care while retaining \$ 60 for personal needs.

II. Rates and Payments

- A. The State assures HCFA that the capitated rates will be equal to or less than the cost to the agency of providing those same fee-for-service State plan approved services on a fee-for-service basis, to an equivalent non-enrolled population group based upon the following methodology. Please attach a description of the negotiated rate setting

TN No.: 03-8

Supersede

TN NO.: 02-8

Approval Date

JAN 27 2003

Effective Date

Nov. 1, 2002